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2009-2010

STUDENT INJURY AND SICKNESS INSURANCE PLAN

Designed Especially for the Students of

THE UNIVERSITY OF ALABAMA



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Disclosure Statement

You have the right to information about how the plan operates its care delivery system and an explanation of the benefits to which participants are entitled under the terms of the plan.

Privacy Policy

We know that your privacy is important to you and we strive to protect the confidentiality of your non-public personal information. We do not disclose any non-public personal information about our customers or former customers to anyone, except as permitted or required by law. We believe we maintain appropriate physical, electronic and procedural safeguards to ensure the security of your non-public personal information. You may obtain a copy of our privacy practices by calling us toll-free at 800-767-0700 or visiting us at www.uhcsr.com.

Eligibility

Plan 1 - 2009-328-1 (For Domestic Students) : All undergraduate students taking 6 or more credit hours and all graduate students taking 3 or more credit hours are eligible to enroll in Plan 1 (2009-328-1) of this insurance Plan.

Students taking Internet classes in addition to taking the required number of credit hours in an on-campus classroom are eligible to enroll on a voluntary basis. Students solely enrolled in Internet classes are not eligible to enroll in this plan.

Plan 2 - 2009-328-4 (For Graduate/Research/Teaching Assistants & Fellowships and International Students) :All international and English Language Institute students are automatically enrolled in Plan 2 (2009-328-4) of this insurance Plan, unless proof of other comparable coverage is furnished. All approved Graduate Assistants, Graduate Research Assistants, Graduate Teaching Assistants and fellowship students taking at least 3 credit hours per semester are eligible to enroll in Plan 2 (2009-328-4) of this insurance Plan.

Qualified and approved GTAs, GAs and fellowships at UA will receive a premium subsidy from UA to pay all or part of their single health plan coverage.

Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Home study, correspondence, Internet and television (TV) courses do not fulfill the Eligibility requirements that the student actively attend classes. The Company maintains its right to investigate Eligibility or student status and attendance records to verify that the policy Eligibility requirements have been met. If the Company discovers the Eligibility requirements have not been met, its only obligation is to refund premium.

Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the spouse and unmarried children under 19 years of age. Dependent Eligibility expires concurrently with that of the Insured student.

Effective and Termination Dates

Plan 1 - 2009-328-1 (For Domestic Students) : The Master Policy becomes effective on August 15, 2009. The individual student's coverage becomes effective on the first day of the period for which premium is paid or the date the enrollment form and full premium are received by the Company (or its authorized representative), whichever is later. The Master Policy terminates on August 15, 2010. Coverage terminates on that date or at the end of the period through which premium is paid, whichever is earlier.

Plan 2 - 2009-328-4 (For Graduate/Research/Teaching Assistants & Fellowships and International Students) : The Master Policy becomes effective on August 01, 2009. The individual student's coverage becomes effective on the first day of the period for which premium is paid or the date the enrollment form and full premium are received by the Company (or its authorized representative), whichever is later. The Master Policy terminates on July 31, 2010. Coverage terminates on that date or at the end of the period through which premium is paid, whichever is earlier.

Dependent coverage will not be effective prior to that of the Insured student or extend beyond that of the Insured student.

Refunds of premiums are allowed only upon entry into the armed forces.

The Policy is a Non-Renewable One Year Term Policy.

Extension of Benefits After Termination

The coverage provided under the Policy ceases on the Termination Date. However, if an Insured is Hospital Confined on the Termination Date from a covered Injury or Sickness for which benefits were paid before the Termination Date, Covered Medical Expenses for such Injury or Sickness will continue to be paid as long as the condition continues but not to exceed 90 days after the Termination Date.

The total payments made in respect of the Insured for such condition both before and after the Termination Date will never exceed the Maximum Benefit.

After this "Extension of Benefits" provision has been exhausted, all benefits cease to exist, and under no circumstances will further payments be made.

Pre-Admission Notification

Avidyn should be notified of all Hospital Confinements prior to admission.

1. **PRE-NOTIFICATION OF MEDICAL NON-EMERGENCY HOSPITALIZATIONS:**
The patient, Physician or Hospital should telephone 1-877-295-0720 at least five working days prior to the planned admission.
2. **NOTIFICATION OF MEDICAL EMERGENCY ADMISSIONS:** The patient, patient's representative, Physician or Hospital should telephone 1-877-295-0720 within two working days of the admission to provide the notification of any admission due to Medical Emergency.

Avidyn is open for Pre-Admission Notification calls from 8:00 a.m. to 6:00 p.m., C.S.T., Monday through Friday. Calls may be left on the Customer Service Department's voice mail after hours by calling 1-877-295-0720.

IMPORTANT: Failure to follow the notification procedures will not affect benefits otherwise payable under the policy; however, pre-notification is not a guarantee that benefits will be paid.

Premium Rates

2009-328-4	Semi Annual
Student Rate	\$689
Spouse Rate	\$2,086
Each Child Rate	\$909

2009-328-1	Annual	Fall	Spring	Summer
Student Rate	\$1,378	\$548	\$548	\$282
Spouse Rate	\$4,171	\$1,657	\$1,657	\$857
Each Child Rate	\$1,818	\$722	\$722	\$374

Student Health Center (SHC) Referral Required

The student must use the resources of the **Student Health Center** first where treatment will be administered or referral issued. Expenses incurred for medical treatment rendered outside of the **Student Health Center** for which no prior approval or referral is obtained are excluded from coverage. A referral issued by the SHC must accompany the claim when submitted.

A SHC referral for outside care is not necessary only under the following conditions:

- 1. Medical Emergency. The student must return to SHC for necessary follow-up care;**
- 2. When the Student Health Center is closed;**
- 3. When service is rendered at another facility during break (such as holidays) or vacation periods;**
- 4. Medical care received when the student is more than 50 miles from campus;**
- 5. Medical care obtained when a student is no longer able to use the SHC due to a change in student status; or**
- 6. Psychotherapy.**

Dependents are not eligible to use the SHC and therefore, are exempt from the above limitations and requirements.

Schedule of Medical Expense Benefits
\$250,000 Maximum Lifetime Benefit Paid as Specified Below
(For Each Injury or Sickness)

Deductible Preferred Providers: \$250 (Per Insured Person)(Per Policy Year)
 Deductible Preferred Providers: \$750 (Per Family)(Per Policy Year)
 Deductible Out of Network: \$500 (Per Insured Person)(Per Policy Year)
 Deductible Out of Network: \$1,500 (Per Family)(Per Policy Year)
(Deductible waived for treatment and services from SHC for students and from UMC for covered Dependents.)

The Policy provides benefits for the Usual & Customary Charges incurred by an Insured Person for loss due to a covered Injury or Sickness up to the Maximum Lifetime Benefit of \$250,000 for each Injury or Sickness.

The Preferred Provider for this plan is **UnitedHealthcare Choice Plus**.

If care is received from a Preferred Provider any Covered Medical Expenses will be paid at the Preferred Provider level of benefits. In all other situations, reduced or lower benefits will be provided when an Out-of-Network provider is used.

SHC and UMC Benefits: Benefits will be paid at 100% for Covered Medical Expenses incurred when treatment is rendered at the Student Health Center (students) or University Medical Center (insured Dependents). Services provided by a Certified Registered Nurse Practitioner (CRNP) and University of Alabama's licensed medical residents are paid as any other Physician's Visit. There is a \$20 copay per visit for the following services:

- * Routine physical exam (1 Per Policy Year)
- * Preventive care and other office visits for Injury & Sickness (includes immunizations)
- * Specialty care physician visits
- * GYN services (1 preventive visit Per Policy Year)

Covered Medical Expenses rendered outside the United States will be paid at the out of network level of benefits and subject to all policy provisions as specified in the Schedule of Benefits. The Insured must pay for those services first and then file a claim to UnitedHealthcare Student Resources for reimbursement.

The Prescription Drugs maximum of \$2,500 applies to UHPS and SHC combined. Prescriptions dispensed at the Student Health Center are \$10 copay per prescription for generic / \$25 copay per prescription for brand name / and \$40 copay per prescription for non-formulary.

Exclusion #11 for Vision will be waived and benefits paid for one routine vision exam per policy year as described in the Vision benefit. Exclusion # 31 for skeletal irregularities, will be waived and benefits paid for services received for treatment of TMJ disorder as described in the schedule of benefits.

All benefit maximums are combined Preferred Provider and Out-of-Network unless noted below. Benefits will be paid up to the Maximum Benefit for each service as scheduled below. Covered Medical Expenses include:

PA = Preferred Allowance	U&C = Usual & Customary Charges	
INPATIENT	Preferred Providers	Out-of-Network Providers
Hospital Expense , daily semi-private room rate; general nursing care provided by the Hospital. Hospital Miscellaneous Expenses, such as the cost of the operating room, laboratory tests, x-ray examinations, anesthesia, drugs (excluding take home drugs) or medicines, therapeutic services, and supplies. In computing the number of days payable under this benefit, the date of admission will be counted, but not the date of discharge.	70% of PA	50% of U&C

INPATIENT	Preferred Providers	Out-of-Network Providers
Intensive Care	70% of PA	50% of U&C
Routine Newborn Care, 4 days Hospital Confinement expense maximum. While Hospital Confined; and routine nursery care provided immediately after birth.	Paid as any other Sickness	Paid as any other Sickness
Physiotherapy, (60 visits combined maximum Per Policy Year for Physical, Speech and Occupational Therapy.)	70% of PA	50% of U&C
Surgeon's Fees , in accordance with data provided by Ingenix. If two or more procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 50% of all subsequent procedures.	70% of PA	50% of U&C
Assistant Surgeon	70% of PA	50% of U&C
Anesthetist , professional services in connection with inpatient surgery.	70% of PA	50% of U&C
Registered Nurse's Services , private duty nursing care	70% of PA	50% of U&C
Physician's Visits , benefits are limited to one visit per day and do not apply when related to surgery.	70% of PA	50% of U&C
Pre-Admission Testing , payable within 3 working days prior to admission.	Paid under Hospital Expense	Paid under Hospital Expense
Psychotherapy, 30 days maximum for Psychotherapy and Alcoholism/Drug Abuse. Benefits are limited to one visit per day. Psychiatric Hospitals are not covered.	80% of PA	80% of U&C
OUTPATIENT		
Surgeon's Fees , in accordance with data provided by Ingenix. If two or more procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 50% of all subsequent procedures.	70% of PA	50% of U&C
Day Surgery Miscellaneous , related to scheduled surgery performed in a Hospital, including the cost of the operating room; laboratory tests and x-ray examinations, including professional fees; anesthesia; drugs or medicines; and supplies. Usual and Customary Charges for Day Surgery Miscellaneous are based on the Outpatient Surgical Facility Charge Index.	70% of PA	50% of U&C
Assistant Surgeon	70% of PA	50% of U&C

OUTPATIENT	Preferred Providers	Out-of-Network Providers
Anesthetist , professional services administered in connection with outpatient surgery.	70% of PA	50% of U&C
Physician's Visits , benefits are limited to one visit per day. Benefits for Physician's Visits do not apply when related to surgery or Physiotherapy. <i>(Benefit Includes 1 annual routine physical and GYN visit Per Policy Year.)</i>	70% of PA	50% of U&C
Physiotherapy , benefits are limited to one visit per day. <i>(20 visits maximum Per Policy Year)</i> (Covered Medical Expenses include therapy as a result of an accidental Injury, stroke or congenital anomaly present at birth and identified with the first 12 months of birth. See exclusion #23 for additional limitations.	70% of PA	50% of U&C
Medical Emergency Expenses , use of the emergency room and supplies. Treatment must be rendered within 72 hours from time of Injury or first onset of Sickness. <i>(Coinsurance waived if admitted directly from emergency room within 24 hours from time of initial treatment by emergency room staff.)</i>	70% of PA	50% of U&C
Diagnostic X-ray and Laboratory Services	70% of PA	50% of U&C
Injections , when administered in the Physician's office and charged on the Physician's statement.	70% of PA	50% of U&C
Tests & Procedures , diagnostic services and medical procedures performed by a Physician, other than Physician's Visits, Physiotherapy, x-rays and lab procedures.	70% of PA	50% of U&C
Chemotherapy & Radiation Therapy	70% of PA	50% of U&C
Prescription Drugs , the \$2,500 maximum applies to UHPS and SHC combined. Prescriptions dispensed at the Student Health Center-\$10 copay per prescription for generic / \$25 copay per prescription for brand name/ \$40 copay per prescription for non-formulary. (Benefit includes oral contraceptives. Specialty and biological drugs are covered. Diabetic & insulin drugs are covered.) *Mail order Prescription Drugs through UHPS at 2.5 times the retail copay up to a 90 day supply subject to the Prescription Drug maximum benefit.	UnitedHealthcare Network Pharmacy (UHPS) / \$12 copay per prescription for Tier 1/ \$30 copay per prescription for Tier 2/ \$50 copay per prescription for Tier 3/up to a 31-day supply per prescription / \$2,500 maximum (Per Policy Year)	No Benefits

OUTPATIENT	Preferred Providers	Out-of-Network Providers
Psychotherapy, \$500 maximum Per Policy Year. Benefits are limited to one visit per day. Including all related or ancillary charges incurred as a result of Mental & Nervous Disorder. <i>Maximum benefit increased to \$750 for students seen at the Counseling Center.</i>	80% of PA	80% of U&C
OTHER		
Ambulance Services	70% of PA	70% of U&C
Durable Medical Equipment, \$15,000 Lifetime Maximum. A written prescription must accompany the claim when submitted. Replacement equipment is not covered.	70% of PA	50% of U&C
Dental Treatment, made necessary by Injury to Sound, Natural Teeth. <i>(In order to be covered, treatments must begin within 90 days after the Injury and must be completed within 6 months of the date of Injury. Oral surgery covered for surgical removal of partial or bony impacted teeth.)</i>	70% of U&C	70% of U&C
Maternity and Complications of Pregnancy	Paid as any other Sickness	Paid as any other Sickness
Alcoholism/Drug Abuse, benefits include detoxification for substance abuse.	Paid under Psychotherapy	Paid under Psychotherapy
TMJ Disorder, \$2,000 Lifetime Maximum	70% of PA	50% of U&C
Allergy Testing, \$150 maximum Per Policy Year. Benefits include physician services and allergy testing.	70% of PA	50% of U&C
Cardiac and Pulmonary Rehabilitation, 36 maximum visits Per Policy Year	Paid as any other Sickness	Paid as any other Sickness
Post Mastectomy Reconstructive Surgery	70% of PA	50% of U&C
Blood, benefits payable for administration of whole blood and blood derivatives, but not the whole blood itself.	Paid as any other Sickness	Paid as any other Sickness
Vision, benefit includes one routine vision exam Per Policy Year.	70% of PA	50% of U&C
Occupational Therapy/Speech Therapy	Paid under Physiotherapy	Paid under Physiotherapy

Maximum Lifetime Benefit

Amounts paid to the Insured under this policy, and under all prior years' policies for any one Injury or Sickness, will be considered payments accrued under the Maximum Lifetime Benefit. The Maximum Lifetime Benefit will not exceed an amount determined by subtracting from \$250,000 all amounts paid to the Insured under any student injury and sickness policy issued to the university for any one Injury or Sickness.

Preferred Provider Information

"Preferred Providers" are the Physicians, Hospitals and other health care providers who have contracted to provide specific medical care at negotiated prices. Preferred Providers in the local school area are: Physicians and Hospitals of UnitedHealthcare Choice Plus.

The availability of specific providers is subject to change without notice. Insureds should always confirm that a Preferred Provider is participating at the time services are required by calling the Company at 1-800-767-0700 and/or by asking the provider when making an appointment for services.

"Preferred Allowance" means the amount a Preferred Provider will accept as payment in full for Covered Medical Expenses.

"Out of Network" providers have not agreed to any prearranged fee schedules. Insureds may incur significant out-of-pocket expenses with these providers. Charges in excess of the insurance payment are the Insured's responsibility.

Regardless of the provider, each Insured is responsible for the payment of their Deductible. The Deductible must be satisfied before benefits are paid. The Company will pay according to the benefit limits in **the Schedule of Benefits**.

Inpatient Hospital Expenses

PREFERRED HOSPITALS - Eligible inpatient Hospital expenses at a Preferred Hospital will be paid at the coinsurance percentages specified in the Schedule of Benefits, up to any limits specified in **the Schedule of Benefits**. Call (800) 767-0700 for information about Preferred Hospitals.

OUT-OF-NETWORK HOSPITALS - If care is provided at a Hospital that is not a Preferred Provider, eligible inpatient Hospital expenses will be paid according to the benefit limits in **the Schedule of Benefits**.

Outpatient Hospital Expenses

Preferred Providers may discount bills for outpatient Hospital expenses. Benefits are paid according to **the Schedule of Benefits**. Insureds are responsible for any amounts that exceed the benefits shown in the Schedule, up to the Preferred Allowance.

Professional & Other Expenses

Benefits for Covered Medical Expenses provided by Physicians who are members of UnitedHealthcare Choice Plus will be paid at the coinsurance percentages specified in the Schedule of Benefits, or up to any limits specified in **the Schedule of Benefits**. All other providers will be paid according to the benefit limits in **the Schedule of Benefits**.

UnitedHealthcare Network Pharmacy Benefits

Benefits are available for outpatient Prescription Drugs on our Prescription Drug List (PDL) when dispensed by a UnitedHealthcare Network Pharmacy. Benefits are subject to supply limits and copayments that vary depending on which tier of the PDL the outpatient drug is listed. There are certain Prescription Drugs that require your Physician to notify us to verify their use is covered within your benefit.

You are responsible for paying the applicable copayments. Your copayment is determined by the tier to which the Prescription Drug Product is assigned on the PDL. Tier status may change periodically and without prior notice to you. Please access www.uhcsr.com or call 877-417-7345 for the most up-to-date tier status.

\$12 copay per prescription order or refill for a Tier 1 Prescription Drug up to 31 day supply

\$30 copay per prescription order or refill for a Tier 2 Prescription Drug up to 31 day supply

\$50 copay per prescription order or refill for a Tier 3 Prescription Drug up to 31 day supply

Mail order Prescription Drugs are available at 2.5 times the retail copay up to a 90 day supply.

Your maximum allowed benefit is \$2,500 Per Policy Year.

Please present your ID card to the network pharmacy when the prescription is filled. If you do not use a network pharmacy, you will be responsible for paying the full cost for the prescription.

If you do not present the card, you will need to pay for the prescription and then submit a reimbursement form for prescriptions filled at a network pharmacy along with the paid receipt in order to be reimbursed. To obtain reimbursement forms, or for information about mail-order prescriptions or network pharmacies, please visit www.uhcsr.com and log in to your online account or call 877-417-7345.

Additional Exclusions

In addition to the policy Exclusions and Limitations, the following Exclusions apply to Network Pharmacy Benefits:

1. Coverage for Prescription Drug Products for the amount dispensed (days' supply or quantity limit) which exceeds the supply limit.
2. Experimental or Investigational Services or Unproven Services and medications; medications used for experimental indications and/or dosage regimens determined by the Company to be experimental, investigational or unproven.
3. Compounded drugs that do not contain at least one ingredient that has been approved by the U.S. Food and Drug Administration and requires a Prescription Order or Refill. Compounded drugs that are available as a similar commercially available Prescription Drug Product. Compounded drugs that contain at least one ingredient that requires a Prescription Order or Refill are assigned to Tier-3
4. Drugs available over-the-counter that do not require a Prescription Order or Refill by federal or state law before being dispensed, unless the Company has designated the over-the-counter medication as eligible for coverage as if it were a Prescription Drug Product and it is obtained with a Prescription Order or Refill from a Physician. Prescription Drug Products that are available in over-the-counter form or comprised of components that are available in over-the-counter form or equivalent. Certain Prescription Drug Products that the Company has determined are Therapeutically Equivalent to an over-the-counter drug. Such determinations may be made up to six times during a calendar year, and the Company may decide at any time to reinstate Benefits for a Prescription Drug Product that was previously excluded under this provision.
5. Any product for which the primary use is a source of nutrition, nutritional supplements, or dietary management of disease, even when used for the treatment of Sickness or Injury.

Definitions:

Prescription Drug or Prescription Drug Product means a medication, product or device that has been approved by the U.S. Food and Drug Administration and that can, under federal or state law, be dispensed only pursuant to a Prescription Order or Refill. A Prescription Drug Product includes a medication that, due to its characteristics, is appropriate for self-administration or administration by a non-skilled caregiver. For the purpose of the benefits under the policy, this definition includes insulin

Prescription Drug List means a list that categorizes into tiers medications, products or devices that have been approved by the U.S. Food and Drug Administration. This list is subject to the Company's periodic review and modification (generally quarterly, but no more than six times per calendar year). The Insured may determine to which tier a particular Prescription Drug Product has been assigned through the Internet at www.uhcsr.com or call Customer Service at 1-877-417-7345.

Maternity Testing

This policy does not cover routine, preventive or screening exams or testing unless Medical Necessity is established based on medical records. The following maternity routine tests and screening exams will be considered, if all other Policy provisions have been met. This includes a pregnancy test, CBC, Hepatitis B Surface Antigen, Rubella Screen, Syphilis Screen, Chlamydia, HIV, Gonorrhea, Toxoplasmosis, Blood Typing ABO, RH Blood Antibody Screen, Urinalysis, Urine Bacterial Culture, Microbial Nucleic Acid Probe, AFP Blood Screening; Pap Smear, and Glucose Challenge Test (at 24-28 weeks gestation). One Ultrasound will be considered in every pregnancy, without additional diagnosis. Any subsequent ultrasounds can be considered if a claim is submitted with the Pregnancy Record and Ultrasound report that establishes Medical Necessity. Additionally, the following tests will be considered for women over 35 years of age: Amniocentesis/AFP Screening; and Chromosome Testing. Fetal Stress/Non-Stress tests are payable. Pre-natal vitamins are not covered. For additional information regarding Maternity Testing, please call the Company at 1-800-767-0700.

Coordination of Benefits Provision

Benefits will be coordinated with any other group medical, surgical or hospital plan so that combined payments under all programs will not exceed 100% of charges incurred for covered services and supplies.

Continuation Privilege

All Insured Persons who have been continuously insured under the school's regular student policy for at least one semester and who no longer meet the Eligibility requirements under the Policy are eligible to continue their coverage for a period of not more than nine months under the school's policy in effect. If an Insured Person is still eligible for continuation at the beginning of the next Policy Year, the Insured must purchase coverage under the new policy as chosen by the school. Coverage under the new policy is subject to the rates and benefits selected by the school for that Policy Year.

State Mandated Benefits

Mammography Benefit

Benefits will be provided for screening mammography subject to all terms and conditions of the Policy and according to the following guidelines:

1. One mammogram every 2 years for women age forty through forty-nine.
2. One mammogram per year for women age fifty years of age and over, or more frequently if recommended by a woman's physician.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.

Benefits for Prostate Cancer Screening

Benefits will be paid the same as any other Sickness for Prostate Cancer Screening. "Prostate Cancer Screening Tests" includes a prostate antigen blood test and a digital rectal examination or any other test that is equivalent or better in cancer detection when performed by or recommended by a Physician.

Benefits are provided on an annual basis for men who are Insureds at least 40 years of age or more.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.

Definitions

ADOPTED CHILD means the adopted child placed with an Insured while that person is covered under this policy. Such child will be covered from the moment of placement for the first 31 days. The Pre-existing Conditions limitation will not apply to an adoptive child. The Insured must notify the Company, in writing, of the adopted child not more than 30 days after placement or adoption.

In the case of a newborn adopted child, coverage begins at the moment of birth if a written agreement to adopt such child has been entered into by the Insured prior to the birth of the child, whether or not the agreement is enforceable. However, coverage will not continue to be provided for an adopted child who is not ultimately placed in the Insured's residence.

The Insured will have the right to continue such coverage for the child beyond the first 31 days. To continue the coverage the Insured must, within the 31 days after the child's date of placement: 1) apply to us; and 2) pay the required additional premium, if any, for the continued coverage. If the Insured does not use this right as stated here, all coverage as to that child will terminate at the end of the first 31 days after the child's date of placement.

DEPENDENT means the spouse (husband or wife) of the Named Insured and their dependent, unmarried children. Children shall cease to be dependent on the first to occur of:

- 1) The end of the month in which they marry; or,
- 2) The end of the month in which they attain the age of nineteen (19) years.

The attainment of the limiting age will not operate to terminate the coverage of such child while the child is and continues to be both:

- 1) Incapable of self-sustaining employment by reason of mental retardation or physical handicap; and,
- 2) Chiefly dependent upon the Insured Person for support and maintenance.

Proof of such incapacity and dependency shall be furnished to the Company: 1) by the Named Insured; and, 2) within 31 days of the child's attainment of the limiting age. Subsequently, such proof must be given to the Company annually following the child's attainment of the limiting age.

If a claim is denied under the policy because the child has attained the limiting age for dependent children, the burden is on the Insured Person to establish that the child is and continues to be handicapped as defined by subsections (1) and (2).

INJURY means bodily injury which is: 1) directly and independently caused by specific accidental contact with another body or object; 2) unrelated to any pathological, functional, or structural disorder; 3) a source of loss; 4) treated by a Physician within 30 days after the date of accident; and 5) sustained while the Insured Person is covered under this policy. All injuries sustained in one accident, including all related conditions and recurrent symptoms of these injuries will be considered one injury. Injury does not include loss which results wholly or in part, directly or indirectly, from disease or other bodily infirmity. Covered Medical Expenses incurred as a result of an injury that occurred prior to this policy's Effective Date will be considered a Sickness under this policy.

NEWBORN INFANT means any child born of an Insured while that person is insured under this policy. Newborn Infants will be covered under the policy for the first 31 days after birth. Coverage for such a child will be for Injury or Sickness, including medically diagnosed congenital defects, birth abnormalities, prematurity and nursery care; benefits will be the same as for the Insured Person who is the child's parent.

The Insured will have the right to continue such coverage for the child beyond the first 31 days. To continue the coverage the Insured must, within the 31 days after the child's birth: 1) apply to us; and 2) pay the required additional premium, if any, for the continued coverage. If the Insured does not use this right as stated here, all coverage as to that child will terminate at the end of the first 31 days after the child's birth.

PRE-EXISTING CONDITION means any condition which originates, is diagnosed, treated or recommended for treatment within the 12 months immediately prior to the Insured's Effective Date under the policy.

SICKNESS means sickness or disease of the Insured Person which causes loss, and originates while the Insured Person is covered under this policy. All related conditions and recurrent symptoms of the same or a similar condition will be considered one sickness. Covered Medical Expenses incurred as a result of an Injury that occurred prior to this policy's Effective Date will be considered a sickness under this policy.

USUAL AND CUSTOMARY CHARGES means a reasonable charge which is: 1) usual and customary when compared with the charges made for similar services and supplies; and 2) made to persons having similar medical conditions in the locality of the Policyholder. No payment will be made under this policy for any expenses incurred which in the judgment of the Company are in excess of Usual and Customary Charges.

Exclusions and Limitations

No benefits will be paid for: a) loss or expense caused by, contributed to, or resulting from; or b) treatment, services or supplies for, at, or related to:

1. Acne; acupuncture; allergy, except as specifically provided in the policy;
2. Addiction, such as: nicotine addiction and caffeine addiction; non-chemical addiction, such as gambling, sexual spending, shopping, working and religious; codependency;
3. Biofeedback;
4. Circumcision;
5. Congenital conditions, except as specifically provided for Newborn or adopted Infants;
6. Cosmetic procedures, except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under this policy or for newborn or adopted children; removal of warts, non-malignant moles and lesions;
7. Custodial care; care provided in: rest homes, health resorts, homes for the aged, halfway houses, or places mainly for domiciliary or custodial care; extended care in treatment or substance abuse facilities for domiciliary or custodial care;
8. Dental treatment, except as specifically provided in the Schedule of Benefits;
9. Elective Surgery or Elective Treatment;
10. Elective abortion;
11. Eye refractions, eyeglasses, contact lenses, prescriptions or fitting of eyeglasses or contact lenses; vision correction surgery or other treatments for visual defects and problems; except when due to a disease process;
12. Foot care including: flat foot conditions, supportive devices for the foot, subluxations of the foot, care of corns, bunions (except capsular or bone surgery), calluses; toenails, fallen arches, weak feet, chronic foot strain, and symptomatic complaints of the foot;
13. Health spa or similar facilities, strengthening programs;
14. Hearing examinations or hearing aids; or other treatment for hearing defects and problems. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process;
15. Hirsutism; alopecia;
16. Hypnosis;

17. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
18. Injury sustained by reason of a motor vehicle accident to the extent that benefits are paid or payable by any other valid and collectible insurance;
19. Injury sustained while (a) participating in any intercollegiate, or professional sport, contest or competition; (b) traveling to or from such sport, contest or competition as a participant; or (c) while participating in any practice or conditioning program for such sport, contest or competition;
20. Investigational service;
21. Lipectomy;
22. Organ transplants; including organ donation;
23. Outpatient Physiotherapy; except for a condition that required surgery or Hospital Confinement: 1) within the 30 days immediately preceding such Physiotherapy; or 2) within the 30 days immediately following the attending Physician's release for rehabilitation; or when referred by the Student Health Center;
24. Participation in a riot or civil disorder; commission of or attempt to commit a felony;
25. Pre-existing Conditions, except for individuals who have been continuously insured under the school's student insurance policy for at least 12 consecutive months; The Pre-existing Condition exclusionary period will be reduced by the total number of months that the Insured provides documentation of continuous coverage under a prior health insurance policy which provided benefits similar to this policy;
26. Prescription Drugs, services or supplies as follows; except as specifically provided in the policy;
 - a) Therapeutic devices or appliances, including: hypodermic needles, syringes, support garments and other non-medical substances, regardless of intended use;
 - b) Immunization agents, biological sera, blood or blood products administered on an outpatient basis;
 - c) Drugs labeled, "Caution -limited by federal law to investigational use" or experimental drugs;
 - d) Products used for cosmetic purposes;
 - e) Drugs used to treat or cure baldness; anabolic steroids used for body building;
 - f) Anorectics -drugs used for the purpose of weight control;
 - g) Fertility agents or sexual enhancement drugs, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene or Viagra;
 - h) Growth hormones; or
 - i) Refills in excess of the number specified or dispensed after (1) year of date of the prescription.
27. Reproductive/Infertility services including but not limited to: family planning; fertility tests; infertility (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception; premarital examinations; impotence, organic or otherwise; tubal ligation; vasectomy; sexual reassignment surgery;
28. Research or examinations relating to research studies, or any treatment for which the patient or the patient's representative must sign an informed consent document identifying the treatment in which the patient is to participate as a research study or clinical research study;
29. Routine Newborn Infant Care, well-baby nursery and related Physician charges in excess of 48 hours for vaginal delivery or 96 hours for cesarean delivery;

30. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
31. Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia; deviated nasal septum, including submucous resection and/or other surgical correction thereof; nasal and sinus surgery; except for treatment of chronic purulent sinusitis;
32. Skydiving, parachuting, hang gliding, glider flying, parasailing, sail planing, bungee jumping, or flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline;
33. Sleep disorders;
34. Naturopathic services;
35. Suicide or attempted suicide while sane or insane (including drug overdose); or intentionally self-inflicted Injury;
36. Supplies, except as specifically provided in the policy;
37. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;
38. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
39. War or any act of war, declared or undeclared; or while in the armed forces of any country (a pro-rata premium will be refunded upon request for such period not covered); and
40. Weight management, weight reduction, nutrition programs, treatment for obesity, surgery for removal of excess skin or fat, and treatment of eating disorders such as bulimia and anorexia. Exception: benefits will be provided for the treatment of dehydration and electrolyte imbalance associated with eating disorders.

Collegiate Assistance Program

Insured Students have access to nurse advice, health information, and counseling support 24 hours a day, 7 days a week by dialing the number indicated on the permanent ID card. Collegiate Assistance Program is staffed by Registered Nurses and Licensed Clinicians who can help students determine if they need to seek medical care, need legal/financial advice or may need to talk to someone about everyday issues that can be overwhelming.

Scholastic Emergency Services: Global Emergency Medical Assistance

If you are a student insured with this insurance plan, you and your insured spouse and minor child(ren) are eligible for Scholastic Emergency Services (SES). The requirements to receive these services are as follows:

International Students, insured spouse and insured minor child(ren): You are eligible to receive SES worldwide, except in your home country.

Domestic Students, insured spouse and insured minor child(ren): You are eligible for SES when 100 miles or more away from your campus address and 100 miles or more away from your permanent home address or while participating in a Study Abroad program.

SES includes Emergency Medical Evacuation and Return of Mortal Remains that meet the US State Department requirements. The Emergency Medical Evacuation services are not meant to be used in lieu of or replace local emergency services such as an ambulance requested through emergency 911 telephone assistance. All SES services must be arranged and provided by SES, Inc., any services not arranged by SES, Inc. will not be considered for payment.

Key Services include:

- * Medical Consultation, Evaluation and Referrals
- * Foreign Hospital Admission Guarantee
- * Emergency Medical Evacuation
- * Medically Supervised Repatriation
- * Emergency Counseling Services
- * Lost Luggage or Document Assistance
- * Care for Minor Children Left Unattended Due to a Medical Incident
- * Prescription Assistance
- * Critical Care Monitoring
- * Return of Mortal Remains
- * Transportation to Join Patient
- * Interpreter and Legal Referrals

Please visit your school's insurance coverage page at www.uhcsr.com for the SES Global Emergency Assistance Services brochure which includes service descriptions and program exclusions and limitations.

To access services please call:

(877) 488-9833 Toll-free within the United States
(609) 452-8570 Collect outside the United States

Services are also accessible via e-mail at medservices@assistamerica.com.

When calling the SES Operations Center, please be prepared to provide:

1. Caller's name, telephone and (if possible) fax number, and relationship to the patient
2. Patient's name, age, sex, and Reference Number
3. Description of the patient's condition
4. Name, location, and telephone number of hospital, if applicable
5. Name and telephone number of the attending physician;
6. Information of where the physician can be immediately reached

SES is not travel or medical insurance but a service provider for emergency medical assistance services. All medical costs incurred should be submitted to your health plan and are subject to the policy limits of your health coverage. All assistance services must be arranged and provided by SES, Inc. Claims for reimbursement of services not provided by SES will not be accepted. Please refer to your SES brochure for Program Guidelines as well as limitations and exclusions pertaining to the SES program.

Online Access to Account Information

UnitedHealthcare **StudentResources** insureds have online access to claims status, EOBs, correspondence and coverage information via My Account at www.uhcsr.com. Insureds can also print a temporary ID card, request a replacement ID card and locate network providers from My Account.

If you don't already have an online account, simply select the "Create an Account" link from the home page at www.uhcsr.com. Follow the simple, onscreen directions to establish an online account in minutes. Note that you will need your 7-digit insurance ID number to create an online account. If you already have an online account, just log in from www.uhcsr.com to access your account information.

Claim Procedure

In the event of Injury or Sickness, students should:

- 1) Report to the Student Health Service or Infirmary for treatment or referral, or when not in school, to their Physician or Hospital.
- 2) Mail to the address below all medical and hospital bills along with the patient's name and insured student's name, address, social security number and name of the University under which the student is insured. A Company claim form is not required for filing a claim.
- 3) File claim within 30 days of Injury or first treatment for a Sickness. Bills should be received by the Company within 90 days of service. Bills submitted after one year will not be considered for payment except in the absence of legal capacity.

Submit All Claims or Inquiries To:

UnitedHealthcare StudentResources
P.O. Box 809025
Dallas, Texas 75380-9025
1-800-767-0700
customerservice@uhcsr.com
claims@uhcsr.com

The Plan is Underwritten By:

UnitedHealthcare Insurance Company

For information on Dental and Vision Plans that may be available, please call 1-800-237-0903 or visit the Website at www.uhcsr.com.

PLEASE KEEP THIS BROCHURE AS A GENERAL SUMMARY OF THE INSURANCE. The Master Policy on file at the University contains all of the provisions, limitations, exclusions and qualifications of your insurance benefits, some of which may not be included in this Brochure. The Master Policy is the contract and will govern and control the payment of benefits.

The University of Alabama

Student Health Center

750 5th Ave. East

Tuscaloosa, AL 3501

Phone Numbers:

Appointments: 205-348-2778

SHC Pharmacy: 205-348-6276

SHC Insurance Office: 205-348-2158

www.cchs.ua.edu/shc/student/insurance/forms

The Brochure is based on Policy Number 2009-328-1 and 2009-328-4

v13



**POLICY
NUMBER: 2009-328-1/4**

NOTICE:

The benefits contained within have been revised since publication. The revisions are included within the body of the document, and are summarized on the last page of the document for ease of reference.

NOC1 08/03/2009

1. Wording removed from IP Psych: "Inpatient Diagnostic Evaluation is limited to a max of 3 days, which shall not be counted against the total day limit."
2. removed from pre-ex definition: "1) the existence of symptoms which would cause an ordinarily prudent person to seek diagnosis, care or treatment within the 6 months immediately prior to the insured's effective date under the policy: or"
3. Added to top of SOB: "Exclusion #11 for Vision, will be waived and benefits paid for one routine vision exam per policy year as described in the Vision benefit." AND "Exclusion # 31 for skeletal irregularities, will be waived and benefits paid for services received for treatment of TMJ disorder as described in the schedule of benefits."